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PTO/SB/01 (08-03)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) required))	Attorney Docket Number	6270-701.201
	First Named Inventor	Sarah S. Bacus
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/735,118
	Filing Date	December 11, 2003
	Art Unit	1642
	Examiner Name	Unassigned

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD OF PREDICTING RESPONSE TO HER2-DIRECTED THERAPY**

(Title of the invention)

the specification of which

☐ is attached hereto**OR**☐ was filed on (MM/DD/YYYY) **12/11/2003** as United States Application Number or PCT InternationalApplication Number **10/735, 118** and was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes No
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.				
Application Number(s)	Filing Date (MM/DD/YYYY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.	
60/432,942	12/11/2002			
60/370,473	04/05/2002			

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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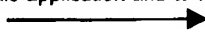
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## DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
10/408,520	04/07/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 021971 

OR

☐ Registered practitioner(s) name/registration number listed below

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Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label


021971OR ☐ Correspondence address below

Name	Shirley Chen, Ph.D.					
Address	Wilson Sonsini Goodrich & Rosati					
Address	650 Page Mill Road					
City	Palo Alto	State	CA	ZIP	94304	
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Sarah S.				BACUS			
Inventor's Signature						Date	
Residence: City	Hinsdale	State	IL	Country	U.S.	Citizenship	U.S.
Post Office Address	1222 Indian Trail Road						
Post Office Address							
City	Hinsdale	State	IL	ZIP	60521-2923	Country	U.S.

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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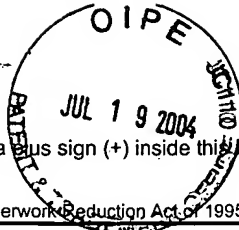
**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, If any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
Bradley L.				SMITH			
<b>Inventor's Signature</b>				<b>Date</b>			
<b>Residence: City</b>	Marblehead	<b>State</b>	MA	<b>Country</b>	U.S.	<b>Citizenship</b>	U.S.
<b>Post Office Address</b>		25 Willow Road					
<b>Post Office Address</b>							
<b>City</b>	Marblehead	<b>State</b>	MA	<b>ZIP</b>	01945	<b>Country</b>	U.S.
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<b>Inventor's Signature</b>				<b>Date</b>			
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<b>Post Office Address</b>							
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<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	
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Attorney Docket Number 6270-701.201

First Named Inventor Sarah S. Bacus

**COMPLETE IF KNOWN**

Application Number 10/735,118

Filing Date December 11, 2003

Art Unit 1642

Examiner Name Unassigned

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OR

☐ Registered practitioner(s) name/registration number listed below

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Number Bar  
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Name	Registration Number	Name	Registration Number

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Direct all correspondence to: ☒ Customer Number or Bar Code Label

021971

OR ☐ Correspondence address below

Name	Shirley Chen, Ph.D.					
Address	Wilson Sonsini Goodrich & Rosati					
Address	650 Page Mill Road					
City	Palo Alto	State	CA	ZIP	94304	
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811

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Name of Sole or First Inventor:

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Given Name (first and middle (if any))				Family Name or Surname			
Sarah S.				BACUS			
Inventor's Signature						Date	
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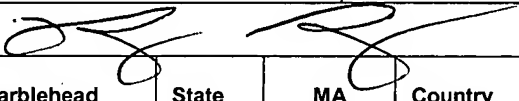
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> <b>Page <u>1</u> of <u>1</u></b>
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>				
Bradley L.				SMITH				
<b>Inventor's Signature</b>					<b>Date</b>		6-30-94	
<b>Residence: City</b>		Marblehead	<b>State</b>	MA	<b>Country</b>	U.S.	<b>Citizenship</b>	
<b>Post Office Address</b>		25 Willow Road						
<b>Post Office Address</b>								
<b>City</b>		Marblehead	<b>State</b>	MA	<b>ZIP</b>	01945	<b>Country</b>	
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